



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47869, Olympia, Washington 98504-7869

Naturopathy Program Verification of Licensure/Certification/Registration

Part 1—Note To Applicant

Complete Part 1. Submit form(s) to all state naturopathy programs where you have ever been licensed, certified or registered.

Name: _____

I was licensed by the _____ Board/Committee of the Naturopathy Program
under the name _____

My original license number is _____

My address is _____

Applicant's Signature _____

Part 2

To be completed by the state naturopathy credentialing agency and returned to the Department of Health, Naturopathy Program, Post Office Box 47869, Olympia, Washington 98504-7869.

License issued on _____ License No. _____

Applicant licensed by: Exam (if yes, name and date of exam) _____
 Endorsement
 Waiver

Is applicant currently licensed in this state? Yes No Date of expiration: _____

If not currently licensed, when did license expire? _____

Is the applicant in good standing? Yes No If no, please attach detailed explanation.

Has the license ever been encumbered in any way? Yes No (Revoked, suspended, surrendered, restricted, placed on probationary status or under investigation) If yes, please attach detailed explanation.

Is any action pending against applicant? Yes No If yes, please attach detailed explanation.

Print Name: _____ Title: _____

Signature: _____ Date: _____

State: _____

(State Seal)